

# Grant Contract Claim for Reimbursement



Nebraska Office of Highway Safety - NOHS  
P.O. Box 94612, Lincoln, NE 68509-4612  
Telephone: (402) 471-2515 FAX: (402) 471-3865  
Website: [www.roads.ne.gov/nohs/](http://www.roads.ne.gov/nohs/)

Contractor:	Telephone:	Contract #:
Contract Title:	Month of Expenditures:	Final Claim <input type="checkbox"/>

## NOHS USE ONLY

	Federal Share
<b>Total Expenditures</b>	
<b>Program Income</b>	
<b>Net Amounts</b>	

## PROJECT FINANCIAL SUMMARY

Current Month	Previous Months	Total to Date

**NOTE: Supporting documentation for all expenditures above must be attached.**

### CERTIFICATION:

I hereby certify the foregoing document is consistent with the terms of the grant contract and is a true and accurate accounting of the expenditures.

\_\_\_\_\_  
Signature of Project Director

\_\_\_\_\_  
Signature of Authorized Official

\_\_\_\_\_  
Type/Print Name and Title

\_\_\_\_\_  
Type/Print Name and Title

\_\_\_\_\_  
Date

\_\_\_\_\_  
Date

## NOHS USE ONLY

Total Reimbursement	
Project Manager Review Initial/Date	
Supervisor Review Initial/Date	
Administrator Review Initials/Date	
Local %	
Accountant Date Paid/Initial	
Warrant #	

NDOR DOC#	
AB#	
TRANS	OE
ACTIVITY	ACCOUNT
NIGP	DATE
APPROVED (PRINT NAME) Fred E Zwonechek	
APPROVED SIGNATURE	
NOHS Project	Amount:

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